



Phone: 360-642-4421
Fax: 360-642-8841

Mail Applications To:
City of Long Beach
P.O. Box 310
Long Beach, WA 98631
Or Deliver To:
115 Bolstad West
Long Beach, WA
E-Mail:
administration@longbeachwa.gov

CITY OF LONG BEACH EMPLOYMENT APPLICATION

POSITION APPLYING FOR _____

NAME _____

PLEASE ENTER INFORMATION INTO THE FORM FIELDS – SAVE THIS DOCUMENT TO YOUR PC

ADDRESS _____
Mailing Address City & State Zip

TELEPHONE _____
Home Work Cell Phone

EMAIL

May we contact you at work? Yes No Do you possess a valid driver's license? Yes No

Can you demonstrate that you are a U.S. Citizen or that you are legally authorized to work in the United States? Yes No

Are you 18 years of age or over? Yes No If applying for a Police Officer position, are you 21 years of age or over? Yes No

Are you a Veteran of the US Armed Forces? Yes No Can you demonstrate that you qualify for Veterans' Preference Yes No
To be considered for the Veterans Preference Applicants must submit a copy of their Discharge Certificate and DD214 or DD215 Form

Have you previously been employed by the City of Long Beach? Yes No When _____ Position _____

EDUCATION

Do you have a High School Diploma or a General Equivalency Certificate (GED)? Yes No

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED – List Number of Hours – **Do not include dates**

Name and Location	Fields of Study or Titles of Special Courses	Hours Completed if no degree		Certificates or Degrees Received
		Sem.	Qtr.	

SKILLS AND ABILITIES

List any special training, certificates, machines skills, office equipment skills, languages, or other special job related skills **including computer equipment and programs you can operate and typing/word process speed you may have that are pertinent to the position for which you are applying:**

List Professional & Vocational Trade Licenses and/or Registrations Certifications and Credentials:

POSITION APPLYING FOR
NAME

EMPLOYMENT HISTORY

Beginning with your present or most recent job, completely describe your work experience during the past ten years. In addition, list any other prior experience related to the duties of the position for which you are applying, including all non-paid or volunteer work. You may attach a resume, but you may not substitute a resume (or state "see resume") for completion of this section. **Application submitted without completing this entire section will disqualify you from consideration. If additional space is required, please attach necessary pages to application form.**

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary:	Last Salary:
---	--	---------------	--------------

Specific Duties:

Reason for Leaving: BLANK If "Other" Explain:

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary	Last Salary
---	--	--------------	-------------

Specific Duties

Reason for Leaving: BLANK If "Other" Explain

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary:	Last Salary:
---	--	---------------	--------------

Specific Duties:

Reason for Leaving: BLANK If "Other" Explain:

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary:	Last Salary:
---	--	---------------	--------------

Specific Duties:

Reason for Leaving: BLANK If "Other" Explain:

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary:	Last Salary:
---	--	---------------	--------------

Specific Duties

Reason for Leaving: BLANK If "Other" Explain

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary:	Last Salary:
---	--	---------------	--------------

Specific Duties:

Reason for Leaving: BLANK If "Other" Explain:

Name of Firm:	Address:	From-To:
Job Title:	Supervisor Name/Title:	Phone:

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Salary:	Last Salary:
---	--	---------------	--------------

Specific Duties:

Reason for Leaving: BLANK If "Other" Explain:

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications. I understand that if selected I may be required to undergo a physical examination, drug screening, or background investigation. I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Employer without notice, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.

Signature of Applicant _____ Date: _____

POSITION APPLYING FOR

NAME

Have you ever been convicted of a crime (do not include any expunged juvenile record)? Yes No - If Yes, explain:

(Criminal convictions do not necessarily disqualify you from employment but will only be considered in relation to specific job requirements)

Instructions for Completing this Application:

- Please read the application carefully and answer all questions. Incomplete applications will not be accepted.
- All information given should be job related and not related to any protected class, status, race/ethnicity, age, marital status, life style, and or disability. Any such information must be removed prior to sending your application to the hiring department.
- This is a word document that utilizes form fields; you MUST save it to your computer prior to typing in your information. SAVE IT USING YOUR LAST NAME FIRST (i.e. DOE JOHN APPLICATION)
- You may submit this application by email to administration@longbeachwa.gov by mail, fax (360-642-8841) or in person.
- The City will not accept applications received after the deadline, regardless of the postmark or time indicated on the fax machine.
- For more information call: 360-642-4421.
- This page of your application is kept confidential and will be detached prior to referring to the hiring department.

[The information below is voluntary and is utilized by the City of Long Beach to ensure equal opportunity under our affirmative action program. Under state and federal law, it may not be used to discriminate against you. Sex and race are necessary for statistical reporting purposes.]

SEX: Female Male Other Gender Identity or Expression

RACE/ETHNICITY: Asian African American Caucasian Hispanic Native American 2 or more Races
 Native Hawaiian/Pacific Islander

I do do not require reasonable accommodations for a qualified disability in the hiring process. If yes, specify requested accommodation, but do not specify disability:

REFFERAL SOURCE (S) How did you learn about this position:

<input type="checkbox"/> City Employee (Name):	<input type="checkbox"/> Advertisement (where)
<input type="checkbox"/> City's Website	<input type="checkbox"/> State Employment Office
<input type="checkbox"/> Internet (what site)	<input type="checkbox"/> College or Community College Office
	<input type="checkbox"/> Other

*The City of Long Beach is Committed to Excellence
In Customer Service Through its Employees.*

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
A Community that Honors Diversity